

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030536

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7434**

STATE FILE NUMBER

FILED JUL 25 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 1 week	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital		d. STREET ADDRESS (If outside, give location) 4922 Claxton	
3. NAME OF DECEASED (Type or print) First HARRY Middle G Last SPECKING		4. DATE OF DEATH Month July Day 17 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/1896 67 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY real estate	
11a. FATHER'S NAME Henry Bernard Specking		11b. MOTHER'S MAIDEN NAME Anna Comer	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) No		12b. INFORMANT Manila Specking-4922 Claxton	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis. DUE TO (c) 420.0		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 6 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT No SUICIDE No HOMICIDE No	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:15 a.m. Month, Day, Year 2/16/60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE	
21. I attended the deceased from 2/16/60 to 7/17/63 and last saw him alive on 7-17-63 Death occurred at 9:15 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Hammond M.D. (Degree or title)		22b. ADDRESS 634 N. Grand	
22c. DATE SIGNED 7/18/63 (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE July 20, 1963		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis		23e. MISSOURI Missouri	
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant		25. DATE RECD. BY LOCAL REG. JUL 18 1963	
26. REGISTRAR'S SIGNATURE Loard Smith. M.D.			

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.